

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155697	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/16/2011
NAME OF PROVIDER OR SUPPLIER  CLARK REHABILITATION AND SKILLED NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129		
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for Investigation of Complaint IN00085417.</p> <p>Complaint IN00085417 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: 2/16/11</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 9 SNF/NF: 67 Total: 76</p> <p>Census payor type: Medicare: 14 Medicaid: 60 Other: 2 Total: 76</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2-18-11 Cathy Emswiller RN</p>	F 000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a Desk review on or after March 3, 2011.</p>		
F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if</p>	F 176			

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MAR - 3 2011

LONG TERM CARE DIVISION  
INDIANA STATE DEPARTMENT OF HEALTH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Mary Josephine Ann Gao* *Executive Director* 2/24/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 176	<p>Continued From page 1</p> <p>the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a resident who was self-administering a topical medication had current assessment, education, and documentation related to the self administration of the medication as required by facility policy. The deficient practice affected 1 of 2 residents reviewed related to self administration of medication in a sample of 4. (Resident D)</p> <p>Findings include:</p> <p>During interview completed on 2/16/11 at 1:30 p.m., Resident D indicated she had a cream she was allowed to apply to the buttocks.</p> <p>The clinical record for Resident D was reviewed on 2/16/11 at 1:50 p.m.</p> <p>Physician's orders for February 2011 included, but were not limited to, "Proctozone - HC 2.5% cream, apply to rectum every other day. May keep at bedside. Resume may apply self - hemorrhoid." The original date of the order was 12/7/09. Orders also included, "Hydrocort 2.5% cream, apply topically to buttocks 3 times daily - rash. May keep at bedside." The original date of the order was 3/10/10.</p> <p>The Medication Administration Record (MAR) for February 2011 indicated an entry for the Proctozone, initialed by a nurse to indicate the</p>	F 176	<p><b>F 176 Resident Self-Administer Drugs if deemed safe</b></p> <p>It is the practice of this provider to ensure that residents who self-administer drugs have current assessment, education, and documentation related to the self administration of the medication.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <ul style="list-style-type: none"> <li>Resident D was assessed and determined that the resident is safe to self-medicate.</li> <li>The order for the medication was clarified with MD and the Medication Administration Record (MAR) was corrected for documentation that Resident D is compliant and safe.</li> <li>Resident D was educated on proper and safe procedure to administer cream as ordered by physician.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <ul style="list-style-type: none"> <li>A full facility audit of current MARs was conducted to identify residents that have medications that may self-medicate.</li> </ul>		

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F 176	<p>Continued From page 2</p> <p>medication was administered daily on the 3 to 11 shift for 2/1/11 through 2/16/11. The MAR indicated an entry for the Hydrocort, but no nurse's initials were entered on any shift on any date for 2/1/11 through 2/16/11.</p> <p>Documentation in the clinical record failed to indicate an assessment of the self-administration of medications.</p> <p>During interview on 2/16/11 at 4:00 p.m., the Director of Nursing (DON) provided a "Self-Medication Data Collection and Assessment" dated 2/12/07, which the DON indicated was located in the resident's thinned record. The DON indicated no assessment of the resident's ability to self-administer medications had been completed since that time. The DON also provided an "Interdisciplinary Patient Teaching Record," dated 3/1/06, indicating the resident was instructed on administration of Proctozone on a two times daily and as needed basis. Documentation failed to indicate the resident was instructed on administration of Hydrocort.</p> <p>The facility's policy related to "Self-Administration of Medications" was provided by the DON on 2/16/11 at 4:15 p.m. The policy included, but was not limited to, the following procedures: "...If a resident desires to participate in self-administration, the Interdisciplinary Team (that includes the pharmacist and the attending physician) will assess the competence of the resident to participate by completing the 'Self-Administration of Medication Assessment' form....The licensed nurse, pharmacist, and/or physician will instruct the resident regarding proper administration of medication. The</p>	F 176	<ul style="list-style-type: none"> <li>All residents who self medicate were assessed.</li> <li>These residents identified had an assessment completed to ensure that the resident is safe to self-medicate.</li> <li>Education was provided to the residents identified on proper and safe procedure to administer medications.</li> <li>Licensed nurses were educated on Self Administration of Medications Policy on 2/24/11.</li> <li>DNS/ADNS/ designee is responsible to ensure that the Self Administration of Medications Policy is followed by licensed nurses.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>Licensed nurses were educated on 2/24/11 on the Self Administration of</li> <li>The assessments for Self Administration of Medications for individual residents will be reviewed by IDT for no less than when first initially identified of resident's desire to self medicate, annually, and with any significant change of condition.</li> </ul>		

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F 176	Continued From page 3 licensed nurse responsible for the resident will assess accuracy and compliance of self-administration by checking/counting medications every shift and signing off on the Medication Administration Record that the resident has verbalized taking the medications. Assessment of compliance and safety will be documented in the nursing progress notes no less than weekly....The resident will be assessed for continued self-administration of medications no less than annually, and with any significant change of condition."  During interview on 2/16/11 at 5:30 p.m., Resident D indicated at one time she had two creams but now has only one cream to apply. The resident indicated she uses the cream she has now each time she uses the bathroom. At this time, a tube of cream labeled Hydrocort 2.5% was observed stored in an opaque white plastic box in the resident's bathroom. The label indicated, "Apply to buttocks three times daily - rash - may keep at bedside...." The resident indicated this is the only cream she currently uses.  3.1-11(a) F 323 483.25(h) FREE OF ACCIDENT SS=D HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 176	<p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</b></p> <ul style="list-style-type: none"> <li>• A CQI Audit of Self Administration of Medications compliance will be utilized weekly x 4 monthly x 2 then quarterly thereafter to monitor for compliance.</li> <li>• DNS/ADNS/ designee will monitor audits, to ensure completion of audits.</li> <li>• Data collected will be submitted to the CQI Committee for review and follow up as needed. An action plan will be developed as needed for issues identified by the CQI process.</li> </ul> <p><b>Compliance date: March 3, 2011.</b></p> <p><b>F 323 Free of Accident/Hazards/Supervision/Devices</b> It is the practice of this provider to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</b></p> <ul style="list-style-type: none"> <li>• Residents B,C, and D microwaves were re-inspected by Maintenance to</li> </ul>		

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F 323	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents were assessed and care plans were developed related to safe use of appliances in resident rooms. The facility also failed to ensure residents' personal appliances were checked as planned for safety. The deficient practice affected 3 of 3 residents reviewed related to use of appliances in a sample of 4. (Residents B, C, and D)</p> <p>Findings include:</p> <p>Review of a list of residents provided by the Administrator after the Entrance Conference on 2/16/11 at 12:15 p.m. indicated Residents B, C, and D were interviewable.</p> <p>During the Initial Tour on 2/16/11 at 12:45 p.m., Resident B was overheard in the hallway outside the Therapy Gym speaking to the Maintenance Supervisor. The resident indicated, "Put the coffee pot up in the closet - the state inspector's in."</p> <p>On 2/16/11 at 12:50 p.m., Resident B's room was observed to have a small refrigerator, a microwave oven, and a coffee pot.</p> <p>During interview completed on 2/16/11 at 1:30 p.m., Resident D indicated she had learned to use a microwave oven several years ago and had appropriate cookware to use in her microwave. She indicated she had heard rumor that the facility would be removing microwaves from residents' rooms, hers had been removed from the room, and then it was returned to the room. She indicated she had fussed about the removal.</p>	F 323	<p>ensure equipment is safe and in good working condition.</p> <ul style="list-style-type: none"> <li>Residents B, C, and D were reviewed by IDT and referred to by therapy to screen for compliance with safety.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken</b></p> <ul style="list-style-type: none"> <li>A full facility audit of all residents' personal belongings that possessed an electrical appliance including microwaves and coffee pots was inspected and approved by Maintenance.</li> <li>The IDT reviewed each resident identified to have a microwave and/or coffee pot to establish if there were any safety concerns although none at the time were established, residents were referred to therapy to assess for safe use of the appliances.</li> <li>Care plans were developed by IDT for residents that have a microwave/coffee pot in room and are at risk of injury resulting from the use of microwave/coffee pot.</li> </ul>		

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F 323	<p>Continued From page 5</p> <p>She indicated she had been allowed to use a microwave in the Social Services office but that was inconvenient for her, since she had to carry supplies and foods back and forth from the office to her room. At this time, a microwave was observed on a table in the corner of the resident's room. Resident D indicated Resident C also had a microwave oven in his room.</p> <p>During interview on 2/16/11 at 1:30 p.m., the Administrator was asked for a policy related to the use of microwave ovens and coffee pots at the facility. The Administrator provided a policy entitled "Environment of Care/Safety Program." The policy indicated, "The Nursing Facility Executive Director will ensure that the facility provides a safe, functional, and effective environment...Executive Directors will effectively organize a program that will strive to...Maintain safe conditions for everyone."</p> <p>On 2/16/11 at 1:40 p.m., a microwave oven was observed on top of a cabinet in Resident C's room. The microwave oven was plugged into a wall outlet.</p> <p>During interview with the Administrator and Director of Nursing (DON) on 2/16/11 at 2:15 p.m., they indicated the facility had changed ownership in 2009, the policy related to use of appliances in residents' rooms did not change, and residents were allowed to use appliances in their rooms. They indicated They indicated that Resident D had become more confused, so the microwave had been removed from her room, but subsequently was replaced. They indicated the local Ombudsman was concerned about violation of resident rights related to removal of residents' microwaves from their rooms.</p>	F 323	<p><b>What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur</b></p> <ul style="list-style-type: none"> <li>Residents' personal belongings are reviewed and all electrical equipment is inspected and approved by maintenance prior to use.</li> <li>IDT to review and documentation will be provided to indicate if resident is safe to use electrical equipment that may be identified as safety risk.</li> <li>Therapy will screen for safety as needed.</li> <li>A letter will be sent to residents and families to remind them that all electrical equipment brought in for personal use must be inspected by maintenance and approval given by administration prior to use.</li> <li>Staff will be inserviced on communicating to Maintenance when electrical equipment is brought in for use.</li> </ul>		

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F 323	<p>Continued From page 6</p> <p>1. The clinical record for Resident D was reviewed on 2/16/11 at 1:50 p.m.</p> <p>The record indicated the following related to the resident's microwave oven:</p> <p>Interdisciplinary Team (IDT) Progress Notes, dated 1/25/11 and signed by the Social Services Director indicated, " Review r/t [related to] removing microwave from resident's room d/t [due to] safety reasons. Resident noted to be forgetful lately and IDT feels she is not safe to use the microwave independently, SSD [Social Services Director], ED [Executive Director], spoke [symbol for with] her yesterday and explained reasons behind this measure. She was not happy. But agreed to remove microwave. She was informed that there is a microwave available behind the nurses station, and she can ask staff to help her using it, she voiced understanding. In attendance, SSD, ED, ADON [Assistant Director of Nursing, DM [Dietary Manager], MDSC [Minimum Data Set Coordinator]."</p> <p>Social Services Progress Notes, dated 1/28/11 and signed by the Social Services Director, indicated, "Observed Resident using the microwave in my office. She used it safely. [Symbol for no] safety concerns observed, spoke [symbol for with] ED and returned microwave to Resident today. She was happy. [Symbol for no] signs of distress noted."</p> <p>2. The clinical record for Resident B was reviewed on 2/16/11 at 3:50 p.m.</p> <p>The record indicated the following related to the resident's microwave oven:</p>	F 323	<p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur? i.e., what quality assurance program will be put into place</b></p> <ul style="list-style-type: none"> <li>• A CQI Audit of Resident Personal Electrical Devices tool will be utilized weekly x 4 monthly x 2 then quarterly thereafter to monitor for compliance.</li> <li>• Maintenance Director and Executive Director is responsible to ensure that the facility is a safe, functional, and effective environment.</li> <li>• Data collected will be submitted to the CQI Committee for review and follow identified by the CQI process.</li> </ul> <p><b>Compliance date: March 3, 2011</b></p>	

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F 323	<p>Continued From page 7</p> <p>IDT Progress Notes, dated 1/25/11 and signed by the Social Services Director, indicated, "IDT review r/t resident has microwave in his room that is old and potential for accident. SSD, ED spoke [symbol for with] him yesterday about removing it and he agreed, girl friend came in and took it. In attendance, SSD, ED, ADON, MDSC, DM."</p> <p>3. The clinical record for Resident C was reviewed on 2/16/11 at 3:20 p.m. Documentation in the record failed to indicate information related to the resident's safe use of coffee pot and microwave oven.</p> <p>During interview completed on 2/16/11 at 3:45 p.m., the Administrator indicated a specific assessment was not completed related to residents' use of appliances in their rooms, and care plans related the use had not been developed for the residents. She indicated if a resident had a change or increased confusion, the placement of a microwave would be reconsidered, as in the case of Resident D.</p> <p>During interview on 2/16/11 at 3:55 p.m. in Resident B's room, the Social Services Director observed Resident B's microwave and indicated he thought the resident was going to take the microwave to the (name of local charity store). He indicated maybe the resident was waiting for his girl friend's assistance. After exiting the room, the Social Services Director was asked which residents had microwaves. He indicated Resident B and Resident D. A short while later, the Social Services Director returned and indicated Resident C also had a microwave oven.</p> <p>On 2/16/11 at 4:00 p.m., the Administrator</p>	F 323			



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F 323	<p>Continued From page 8</p> <p>provided copies of all logs entitled, "Electrical Equipment Inspection Logs." The Administrator indicated these were the logs since start of the current ownership of the facility. The logs listed Date, Resident, and Type of Equipment Inspected and Approved. Documentation on the log for 3/5 indicated the following appliances were "approved": Resident C's coffee pot and Resident B's microwave. Resident D's microwave was "approved" on 3/8. Resident C's microwave was not listed as approved. During interview at this time, the Administrator indicated the dates referred to 3/5/10 and 3/8/10. Logs for 1/25 indicated Resident C's coffee pot was "approved," but approval was not indicated for any microwaves. The Administrator indicated the 1/25 referred to 1/25/11.</p> <p>During interview with the Administrator and Maintenance Supervisor completed on 2/16/11 at 4:45 p.m., the Maintenance Supervisor indicated electrical appliances are checked every six months. He indicated he checks the electrical outlet, does a visual inspection of the plug, and turns the appliance on and runs it to be sure it is working properly. He indicated families usually tell him when appliances are brought in. The Administrator indicated she thought Resident B gave up his microwave but then asked for it back.</p> <p>3.1-45(a)(1)</p>	F 323			